Fill in this informa	tion to identify your case:	
Debtor 1	Rochelle N. Coates, II	_
Debtor 2 (Spouse, if filing)		_
United States Bar	nkruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number	18-18006	Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

For Debtor 2 or

0.00

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment							
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse				
	If you have more than one job,	Francisco estatua	■ Employed	■ Employed				
info em	ttach a separate page with formation about additional	Employment status	☐ Not employed	☐ Not employed				
	employers.	Occupation	home health aide	assistant				
	Include part-time, seasonal, or self-employed work.	Employer's name	Humble Hearts Home Care LLC	The harper Boyer Group, LLC				
	Occupation may include student or homemaker, if it applies.	Employer's address	2718 North 15th Street Philadelphia, PA 19133					
		How long employed the	nere? 2 months					

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,080.00 2,288.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ Calculate gross Income. Add line 2 + line 3. 2,080.00 2,288.00

Official Form 106I Schedule I: Your Income page 1

Debtor 1		Rochelle N. Coates, II		(Case number (if known)		18-18006			
					For	Debtor 1		r Debtor n-filing s		
	Cop	y line 4 here	4.		\$_	2,080.00	\$_		,288.00	_
5.	List	all payroll deductions:								
	5a. 5b. 5c. 5d. 5e.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	56 56 56 56	o. c. d. e.	\$_ \$_ \$_ \$_	433.33 0.00 0.00 0.00 0.00	\$ _ \$ _ \$ _ \$ _		541.67 0.00 0.00 0.00 0.00	- - - - - - -
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f 5g 5h		\$_ \$_ \$_	0.00 0.00 0.00	\$_ + \$_		0.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	433.33	\$_		541.67	, _
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	1,646.67	\$_	1	,746.33	_
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: pro rata tax refund	8f 8g 8h	o. c. d. e. g. n.+	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00			0.00 0.00 0.00 0.00 0.00 0.00 215.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	3	\$	0.00	\$_		215.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		1,646.67 + \$_	1,	961.33	= \$	3,608.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep			•	•		e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain ies						e. 12.	\$	3,608.00
13.	Do y	you expect an increase or decrease within the year after you file this form? No.	?						Combi month	ned ly income